MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

10-18-86

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				NO.	OCC.	NO.	OCC.	NO.	OCC.
	NO.	OCC.	NO.	OCC.	NO.	OCC.								
1			1				61				1		
2			1				62				1		
3			1				63						
4				1			64						
5				1			65						
6				1			66						
7				1			67						
8				1			68						
9				1			69						
10							70						
11							71						
12				1			72						
13				1			73						
14				1			74						
15				1			75						
16				1			76						
17				1			77						
18				1			78						
19							79						
20							80						
21							81						
22				1			82						
23				1			83						
24				1			84						
25				24			85						
26							86						
27							87						
28				1			88						
29							89						
30							90						
31							91						
32				1			92						
33				1			93						
34							94						
35							95						
36				1			96						
37							97						
38							98						
39							99						
40							100						
41				1									
42				1									
43				1									
44				1									
45				1									
46													
47													
48													
49													
50													
TOTAL NO.			4				TOTAL NO.						
TOTAL OCC.			10				TOTAL OCC.						
TOTAL			14				TOTAL						